

SKIL FISCAL AGENT

AFFILIATED WITH SKIL RESOURCE CENTER

PO BOX 957 1801 MAIN PARSONS, KS 67357-0957 PH: 620-421-5502 FAX: 620-421-2096

**Please circle correct Waiver: FE, IDD, PD, TA, TBI
SLEEP CYCLE SUPPORT: Yes or No**

**AUTHENTICARE CALL IN/OUT EXCEPTION FORM
(ONLY USED FOR DAYS NOT CLOCKED IN/OUT)**

Employer Name: _____

DSW Name: _____

DSW ID Number: _____

DATE	Clock IN Time	Clock OUT Time	Activity Codes	Reason For Not Calling

Employee
Signature: _____
Date: _____

Employer
Signature: _____
Date: _____

Exceptions forms are due **NO** later than 5 days after the pay period ends: **The 5th & 20th of each month.** We suggest that you send them in weekly as well. A copy of this form can be found on the SKIL website allowing you to make copies.